

Behavioral Health Advisory Council

Meeting Minutes for November 18, 2016

Members Present: Glynis Anderson, Julie Barron, Linda Burghardt, Karen Cashen, Michelle Mull for Elmer Cerano, Sara Coates, Norm DeLisle, Erin Emerson, Deborah Garrett, Greg Johnson, Benjamin Jones, Arlene Kashata, Kevin McLaughlin, Chris Flores for Paula Nelson, Malkia Newman, Stephanie Oles, Jamie Pennell, Neicey Pennell, Eva Petoskey, Marcia Probst, Mark Reinstein, Ben Robinson, Kim Rychener, Kristie Schmiede, Jane Shank, Patricia Smith, Sally Steiner, Jeff Van Treese, Brian Wellwood, Brenda Stoneburner for Jeff Wieferich

Members Absent: Lonnetta Albright, Mary Chaliman, Mary Beth Evans, Kevin Fischer, Lauren Kazee, Cynthia Wright

Others Present: Glenn Cornish, Rhea Freitag, Terri Henrizi, Moira Kean, Eric Kurtz, Dr. Debra Pinals, Tom Renwick, Larry Scott, Jennifer Stentoumis, Lynda Zeller

Welcome and Introductions – Mark Reinstein called the meeting to order and introductions were made.

Review and Approval of Minutes – The Council reviewed the meeting minutes from August 19, 2016. Julie Barron's name was spelled wrong. Marcia moved, Malkia seconded, minutes approved with that one change.

Section 298 Update – Mark Reinstein

Mark sent a letter to Nick Lyon and the Governor about Section 298 as discussed at the last meeting. Nick Lyon's response was made available to the group. Also, Mark provided a notice from Michigan Partners in Crisis about a free conference on the latest developments with Section 298. The conference will be held December 5th.

There have been multiple meetings of affinity groups across the state. MDHHS has developed a summary of the eligible population's affinity groups and are developing similar summaries for the other groups. The report is due to the legislature January 15th. There is a plan to release a draft of the report in late November giving time for public comment and revisions before it is submitted. Mark provided a summary of his experience with the eligible populations affinity group meetings. There is some important work on policy beginning already after the collecting of info from the Calley group and the affinity groups. Sara from MPCA – she reported on her experience with the consumer affinity groups they held. Her experience was that most participants in those groups did not want one group to hold all the money and authority for services, they would prefer a more patient-driven system. Mark indicated that it has become clear that not every issue surrounding this legislation can be resolved by the time the report is due. Arlene K. reported that access to services is an ongoing issue for the tribes and the 298 process has added additional challenges. Jane S. reported that there are ongoing concerns with definitions of eligible consumers and families, often not taking children into consideration. Families, caregivers, and children have a unique set of needs and integrated care means different things for them. She indicated that there has been some movement toward acknowledging this in the process. Marcia P. indicated that her experience with the affinity groups also supported the notion that having one entity in charge of all care was not a popular

option. There were many concerns about privacy and stigma expressed. Norm D. let the group know there are two studies currently being circulated that help inform the discussion about healthcare. Karen sent out the Surgeon's General report to the BHAC. There is another report specifically about the block grant as well. Chris Flores expressed concern about delegation of authority and what that means for providers. Ben R. attended a provider affinity group with discussion of streamlining services to consumers. Kristie S. asked what the groups said they did want instead of one party holding all the money. Mark indicated that the groups were not directly asked that. But what they did indicate is that they want to keep their current doctors and service providers. Marcia P. indicated that it seemed more to her that people at least felt that they could navigate the current system and did not want major changes that could prevent them from even knowing how to get their needs met. Mark indicated he attended several meetings where the group overwhelmingly did not want HMOs in charge. Julie B. indicated that her concerns about people who are not accessing care have not really been addressed, but she wants to keep that concern in people's minds. *Subsequent Chair's Note: A report on policies will be delivered to the Legislature by mid-January. A second report on pilot programs and data benchmarks is targeted for submission to the Legislature mid-March.*

MDHHS/BHDDA Updates – Tom Renwick

Tom explained that Lisa Creatura from SAMHSA really wanted to come to Michigan today, but federal budget restrictions prevented this. He reminded the BHAC that SAMHSA is coming to Michigan for a block grant site review in March. MDHHS is currently collecting information that SAMHSA has requested prior to the visit. The amount of info they have requested is enormous. Tom asked Karen to send out a link to the update of Kevin's Law: www.legislature.mi.gov HB-4674 PA 320. There are discussions going on about what training is needed at every level (CMH, Court, Hospitals, etc.) to better implement this law. Tom indicated that the change in administration at the federal level has slowed or stopped movement on any changes in policy or legislation. Some rumors of block granting Medicaid to the states have begun. This would be a fundamental and major change to the current system and would have extraordinary consequences.

Karen informed the group about an RFP that was released from MDHHS to the Tribes. This is for 18 month proposals for integrated healthcare, very similar to the PIHP RFP. Responses are due in December. Eva P. indicated that this is a historic opportunity for the Tribes and they are very excited about it. Arlene agreed that this is a great opportunity and provided some examples of how significant the needs are for the tribal populations.

Tom offered to bring back some additional information on areas that the BHAC may be interested in regarding new CMS requirements (in addition to the time and distance standards that will be discussed later today.) There is some variability in when changes are required to be implemented and BHDDA is currently figuring this out. Some other changes will impact all managed care systems which is new. There is a great deal of focus on accountability and ensuring that delegated functions are outlined and occurring. There are also implications to recipient rights and appeal processes.

There was some additional discussion about Kevin's Law. Pat S. indicated that you can also see earlier versions of the law on the legislature's website so you can see exactly what has changed. Linda B. indicated that there are analyses of the bills on the website as well.

CCBHC and 1115 Waiver Update – Eric Kurtz

The final CCBHC demo application went in to SAMHSA on October 31st. It is posted on the BHDDA website under the mental health tab. If Michigan is approved, there is a lot of implementation work to be done. SAMHSA should respond by December.

The 1115 Waiver is still “in the oven”. There still is ongoing communication with CMS about the SUD portion of the application but not a lot on the other areas. The effective date is not confirmed yet. Ben R. asked if any block grant changes to Medicaid would impact any waivers. Eric indicated the 1115 Waiver does have a budget neutrality cap but is unrelated to the potential Medicaid block grant discussion.

Time and Distance Standards – Mark Reinstein

BHDDA is asking the BHAC for their input on these standards. Tom R. indicated that the new CMS rules indicate that time and distance standards can be established for any and all services where necessary. Tom asked the BHAC to identify services that should have these standards. Also, these can be different in rural and urban settings. The current standard for mental health services is 60 miles/60 minutes in rural and 30 miles/30 minutes in urban areas. For the Medicaid Health Plans, primary care and hospital services need to be available 30 miles/30 minutes from the consumer’s home (whichever is shorter) unless the state issues a waiver. Chris F. indicated that there is a difference with specialty services that may only be offered in certain places.

A BHAC subcommittee will be established to identify the services that should be targeted. Norm will lead. Norm, Brian, Michelle, Linda, and Marcia will participate on the subcommittee that will review Chapter 3 of the Michigan Medicaid Manual and bring their recommendations about which services should have time and distance standards back to the full BHAC at the next meeting.

Draft Behavioral Health Reports – Karen Cashen, Jennifer Stentoumis, & Larry Scott

Jennifer reviewed the children’s portion of the Mental Health Block Grant report and Karen reviewed the adult portion. Larry reviewed the Substance Abuse Prevention and Treatment Block Grant report. Copies of the reports were sent out prior to the meeting.

Sally Steiner moved, Kristie and Linda supported, that the BHAC provide a letter of support for the reports. Malkia asked that it be noted in the minutes that not all tables were completed in the reports but the committee will have an opportunity to see the full reports prior to submission. The committee unanimously agreed a letter of support for the reports from the BHAC be sent with the reports to SAMHSA.

BHAC Membership Renewal – Karen Cashen

All members’ terms are up in December. Karen will email applications for membership to all current members. Applications are one page and ask for a resume to be attached as well. The term is for 2017 and 2018. The first meeting in 2017 will include electing a chair, vice chair, and secretary.

Karen asked the group if they want to use the March date with SAMHSA as an official BHAC meeting. The BHAC members decided that the SAMHSA date should not be considered a BHAC meeting for the year.

Marcia asked if there is a possibility to stagger terms. Sally reminded the group that possibility was considered when the by-laws were updated last time and the group decided not to do that.

Arlene suggested that it may be too complicated to try to implement this before the end of December.

Karen will post the membership application on the BHDDA website as well. She also asked the current members to inform any individuals they know who may want to participate about the application. Applications for membership will be reviewed and selected by the department. There are still required State and non-State representatives that have to be on the Council.

POSC Transformation Steering Committee – Kristie Schmiede

The September meeting entailed much reporting out. MDHHS Youth grant is moving forward. Opioid epidemiological report was given by Su Min Oh. Peer credential is moving forward, there will be an opportunity for public comment on this. The SUD certification process has been improved and the process is working well. DOC is moving forward with the enhanced addiction model. The ROSC document has been included in the PIHP Contracts.

Recovery Issues and Report – Deborah Garrett

Recovery Month events were very successful. REAL Michigan has been working on increasing the number of recovery organizations in the State, currently Michigan has thirteen. Kevin McLaughlin just received an award for training recovery coaches – over 300.

Public Comment – There was none.

Announcements

Stephanie -This week is homelessness awareness week. MSHDA has an annual report available that describes what homelessness looks like in Michigan. She provided the report to Mark but, it is also online on MSHDA's website. The group discussed some aspects of homelessness and how other service systems and social issues impact homelessness.

Mark - CMS fact sheet from October 2016 – Michigan got four out of five grants available for parity enforcement. MDHHS did not get the grants, DIFS got them. Karen will send out the fact sheet and information on the grants DIFS received to the BHAC.

Karen - Tentative dates for 2017 BHAC meetings:

February 3rd

June 16th

August 18th

November 17th

Mark adjourned the meeting.